



	<u>IN </u>	THE UNITED ST	ATES PATENT A	ND TRADEMAR	K OFFICE					
envelope		Class Postage and addre			nited States Postal Service in an 150, Alexandria, VA 22313-1450,					
Date of Deposit:	08/10/06	Name of Person Making the Deposit:	Julie Williams	Signature of the Person Making the Deposit:	Juli William,					
In re Ap	plication o	f: Craig Stuart Skinr	ner and Jeffry Harlow	Loucks	V					
Application No.: 09/884,806 Examiner: Dennison, J.										
Filed: 0	6/18/01		Ar	t Unit: 2143						
Confirm	ation No.:	4757								
		D APPARATUS FOR ELD DEVICE	AUTOMATED PERSO	DNALITY TRANSFE	R FOR A WIRELESS					
P.O. Bo										
Alexandria, VA 22313-1450 <u>AMENDMENT TRANSMITTAL</u>										
1.	Transmitte	ed herewith is an am	endment for this app	lication						
X Tra	nsmitted I		se to an office action	for the above identifi	ed patent application.					
Tra Oth	nsmitted I		sheets of substitu	te formal drawings.						
2.	Applicant is other than a small entity									
			Extension of	Term						
3.	The proce	edings herein are fo	r a patent application	and the provisions of	of 37 C.F.R. 1.136 apply.					
(a)		Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
		Extension [X] one monto [] two months [] three monto [] four months [] five months	s \$4 hs \$1 s \$1 s \$2	ee 20.00 .50.00 ,020.00 ,590.00 2,160.00 ee \$ 120.00						
If an add	ditional ext	ension of time is req	uired, please conside	er this a petition there	efor.					
(b)	be		for the possibility that		ver, this conditional petition is vertently overlooked the					

08/16/2006 ZJUHAR1 00000061 09884806

120.00 OP

Attorney Docket No.: PALM-3611.SG

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	27	- 31 =	0	x \$50.00	\$0.00				
Independent Claims	3	- 3 =	0	x \$200.00	\$0.00				
Multiple Dependent Claim Fee (one or more, first added by this \$360.00 amendment)									
Total Fees									

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [X] A check in the amount of \$120.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45549

Respectfully submitted,

Date: Ay 10, Zoro

Anthony C. Murabito Reg. No. 35,295